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CONFIRMATION NO. 7130

SERIAL NUMBER 10/671,352	FILING DATE 09/25/2003 RULE	CLASS 331	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. 03-1705										
APPLICANTS Keven Hui, Union City, CA; Hong Hao, Saratoga, CA;														
** CONTINUING DATA ***** <i>Em NONE</i>														
** FOREIGN APPLICATIONS ***** <i>Em NONE</i>														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/16/2003														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY CA </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 7 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 32 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 4 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Verified and Acknowledged Examiner's Signature <i>Em</i> Initials </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4	Verified and Acknowledged Examiner's Signature <i>Em</i> Initials				
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ADDRESS 24319 LSI LOGIC CORPORATION 1621 BARBER LANE MS: D-106 MILPITAS, CA 95035														
TITLE Digital programmable delay scheme with automatic calibration														
FILING FEE RECEIVED 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)						
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